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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL	ENTITY	OR		R THAN . ENTITY	
	FOR SIC FEE	NUM	NUMBER FILED NUM			]	RATE	FEE		RATE	FEE	
(37	TOTAL CLAIMS							:370.0	OR		s	
	CFR 1.16(c))	13 13 1MS	minus 2	20 = .	= : 5		x \$=	45.00	OR	x s=		
	CFR 1.16(b))	OFR 1.16(b)) minus 3 =			0	1	x s=		OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	415 W	OR	TOTAL		
CLAIMS AS AMENDED - PART II												
1	12/16			(Column 3)		SMALL I	ENTITY	OR		R THAN ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	. 8	Minus	"39	= /		x s=		OR/	x \$ =	FEE	
	Independent (37 CFR 1.18(b))	. 3	Minus	4	=		x \$=		OR	x \$ =	1	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						+ \$=		OR	+s =		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
_		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.18(c))	•	Minus	••	=		x \$=		OR	x s =	155	
	Independent (37 CFR 1.16(b))	•	Minus	***	=		x s=		OR	x \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					L	+ \$=		OR	+s =		
									OR	TOTAL ADD'L FEE		
		(Column 1) CLAIMS		(Column 2)	(Column 3)	_			_			
불		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	••	-		x \$=		OR	x \$=		
	Independent (37 CFR 1.18(b))	•	Minus	***	=		x \$=		OR	x \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$ =		
•	If the entry in co	olumn 1 is less than	the entry	in column 2 write		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box is call the service of the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the service of the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the service of the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the proviously Paid For" (Total or independent) is the highest number found in the appropriate box is call the proviously Paid For" (Total or independent) is the highest number found in the proviously Paid For" (Total or independent) is the highest number found in the proviously paid For independent independ											

In Highest Number Previously Paid For (Total or independent) is the highest number tound in the appropriate box in column 1. This collection of information is required by 37. CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.